RIDGEWOOD
Med-Peds
Expertise Across the Generations

PEDIATRIC MEDICAL HISTORY

NAME_____DATE OF BIRTH_____/_____/_____ TODAY'S DATE_____/_____/_____

CHIEF REASON FOR THIS VISIT_____

BIRTHPLACE_____APGAR 1 MINUTE _____ 5 MINUTES_____ OBSTETRICIAN_____

BIRTHWEIGHT_____ LENGTH_____ FEEDING: BREAST_____ BOTTLE_____

ANY PROBLEMS WITH THE PREGNANCY_____

ANY PROBLEMS AS A NEWBORN_____

PLEASE LIST MEDICAL PROBLEMS _____ _____

_____ _____ _____

_____ _____ _____

OPERATIONS WHEN_____ WHERE_____ WHY_____

WHEN_____ WHERE_____ WHY_____

WHEN_____ WHERE_____ WHY_____

HOSPITALIZATIONS WHEN_____ WHERE_____ WHY_____

WHEN_____ WHERE_____ WHY_____

WHEN_____ WHERE_____ WHY_____

PLEASE LIST MEDICATIONS **DOSE** **REASON**

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

DOES YOUR CHILD HAVE ALLERGIES TO MEDICATIONS? YES_____ NO_____

PLEASE LIST MEDICATIONS AND REACTIONS

_____

_____

_____

ARE THERE ANY SCHOOL PROBLEMS? YES_____ NO_____ HIGHEST GRADE PASSED_____

IF YES, PLEASE LIST _____ _____

_____ _____

_____ _____

HOW MANY DAYS PER WEEK DOES YOUR CHILD EXERCISE AT LEAST 30 MINUTES?_____

LAST DENTAL EXAM _____

HAS YOUR CHILD HAD ALL OF THEIR CHILDHOOD IMMUNIZATIONS? YES_____ NO_____

IF POSSIBLE PLEASE PROVIDE US WITH A COPY OF WHAT HAS BEEN GIVEN WITH THE DATES GIVEN.

HAS YOUR CHILD HAD ANY OF THE FOLLOWING ILLNESSES?

	YES	NO		YES	NO		YES	NO
CHICKENPOX			ASTHMA			MUMPS		
WHOOPING COUGH			BLADDER INFECTION			3 DAY MEASLES		
EAR INFECTION			PNEUMONIA			MEASLES		